

2194

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 222	
County of <u>La</u>	District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	City of <u>Miami</u>	Co. Registrar's No. 444	
(No. _____ St. _____ Ward _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Marcelle Moroyogui</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	X
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>5</u>
Legitimate? <u>Y</u>	Date of Birth <u>July 29</u>	Month	Day
191	20	Yr.	
FATHER		MOTHER	
Full Name <u>Reyes de Moroyogui</u>	Full Maiden Name <u>Luz Flores</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>33</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>25</u>
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>Laborer</u>	Occupation <u>H</u>		
Number of child of this Mother <u>5</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Y</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>July 29</u> , 191 <u>20</u> , at <u>5 P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Charles E. Dine</u>	
Given or Christian name added from a supplemental report _____ 191 <u>20</u>		Address <u>Miami</u>	
449-729-369		T. H. Shaugher	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>7/30/1920</u>		A True Copy	
Filed <u>8/2/1920</u>		B. S. J. J.	
		COUNTY REGISTRAR.	